

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10/562104

CLAIMS AS FILED - PART I

|                                  |   | (Column 1)                             | (Column 2)               | SMALL ENTITY<br>TYPE | OR | OTHER THAN<br>SMALL ENTITY |
|----------------------------------|---|--|--------------------------|----------------------|----|----------------------------|
| U.S. NATIONAL STAGE FEES         |   |  |                          |                      |    |                            |
| BASIC FEE                        | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |                          | BASIC FEE            | OR | BASIC FEE                  |
| EXAMINATION FEE                  | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |                          | EXAM. FEE            | OR | EXAM. FEE                  |
| SEARCH FEE                       | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |                          | SEARCH FEE           | OR | SEARCH FEE                 |
| FEE FOR EXTRA SPEC. PGS.         | minus 100 =   | / 50 =                                 |                          | X \$ 125 =           | OR | X \$ 250 =                 |
| TOTAL CHARGEABLE CLAIMS          | 11 minus 20 =   |  |                          | X \$ 25 =            | OR | X \$ 50 =                  |
| INDEPENDENT CLAIMS               | 2 minus 3 =   |  |                          | X \$ 100 =           | OR | X \$ 200 =                 |
| MULTIPLE DEPENDENT CLAIM PRESENT |   |  | <input type="checkbox"/> | + \$ 180 =           | OR | + \$ 360 =                 |
|                                  |   |  |                          | TOTAL                | OR | TOTAL                      |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

|             |  | (Column 1)                                | (Column 2) | (Column 3)                                  | SMALL ENTITY             | OR                  | OTHER THAN<br>SMALL ENTITY |
|-------------|--|---|------------|---|--------------------------|---------------------|----------------------------|
| AMENDMENT A |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |                     |                            |
|             | Total  | *   | Minus      | **  | =                        | RATE                | ADDI-<br>TIONAL<br>FEE     |
|             | Independent                                    | *   | Minus      | ***   | =                        | X \$ 25 =           |                            |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   | <input type="checkbox"/> | X \$ 100 =          | X \$ 200 =                 |
|             |  |   |            |   |                          | + \$ 180 =          | + \$ 360 =                 |
|             |  |   |            |   |                          | TOTAL ADDIT.<br>FEE | TOTAL ADDIT.<br>FEE        |

|             |  | (Column 1)                                | (Column 2) | (Column 3)                                  | SMALL ENTITY             | OR                  | OTHER THAN<br>SMALL ENTITY |
|-------------|--|---|------------|---|--------------------------|---------------------|----------------------------|
| AMENDMENT B |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |                     |                            |
|             | Total  | *   | Minus      | **  | =                        | RATE                | ADDI-<br>TIONAL<br>FEE     |
|             | Independent                                    | *   | Minus      | ***   | =                        | X \$ 25 =           | X \$ 50 =                  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   | <input type="checkbox"/> | X \$ 100 =          | X \$ 200 =                 |
|             |  |   |            |   |                          | + \$ 180 =          | + \$ 360 =                 |
|             |  |   |            |   |                          | TOTAL ADDIT.<br>FEE | TOTAL ADDIT.<br>FEE        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.